

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 46302.WO01

Box No.I TITLE OF INVENTION Osteoinductive Material	
Box No.II APPLICANT <input type="checkbox"/> This person is also an inventor	
Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.) CellFactors plc Babraham Hall Babraham Cambridge, CB2 4AT United Kingdom	Telephone No. Facsimile No. Teleprinter No. Applicants registration No. with the office
State (i.e. country) of nationality United Kingdom	State (i.e. country) of residence United Kingdom
This person is applicant for the purpose of: <input type="checkbox"/> all designated states <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No.III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.) PHILLIPS, Ian Oral Pathology School of Clinical Dentistry Claremont Crescent Sheffield, S10 2TA	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicants registration No. with the Office
State (i.e. country) of nationality United Kingdom	State (i.e. country) of residence United Kingdom
This person is applicant for the purpose of: <input type="checkbox"/> all designated states <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No.IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country.) DAVIES, Jonathan Mark Reddie & Grose 16 Theobalds Road LONDON, WC1X 8PL United Kingdom	Telephone No. + 44 1223 360350 Facsimile No. +44 1223 360280 Teleprinter No. Agents registration No. with the Office
<input type="checkbox"/> Address for Correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)
If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

GANGEMI, Lavinia
Oral Pathology
School of Clinical Dentistry
Claremont Crescent
Sheffield, S10 2TA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

Italy

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

KIBRIA, Mohamed Kiron
Oral Pathology
School of Clinical Dentistry
Claremont Crescent
Sheffield, S10 2TA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

India

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

STRINGER, Bradley
Oral Pathology
School of Clinical Dentistry
Claremont Crescent
Sheffield, S10 2TA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

Australia

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

WEST, William
CellFactors plc
Imperial House
Imperial Science Park, Imperial Way
Newport, NP10 8UH

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

United Kingdom

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

PANDYA, Anant
35 Grimwade Avenue
Croydon
CR0 5DJ

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

United Kingdom

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

SIEPLE, Christine
Biomedical Research Consulting Ltd
Leeplace House
Leeplace
Pulborough, RH20 1DF

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

Germany

State (i.e. country) of residence

United Kingdom

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

State (i.e. country) of residence

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicants registration No. with the Office

State (i.e. country) of nationality

State (i.e. country) of residence

This person is applicant for the purpose of:

☐ all designated states

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

<input type="checkbox"/>	DE Germany is not designated for any kind of national protection
<input type="checkbox"/>	KR Republic of Korea is not designated for any kind of national protection
<input type="checkbox"/>	RU Russian Federation is not designated for any kind of national protection

Box No. VI PRIORITY CLAIM

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 14/07/03 14 July 2003	0316431.6	United Kingdom		
item (2)				
item (3)				

☐ all items ☒ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

Country (or regional Office)

<input type="checkbox"/>	Box No. VIII (i)	Declaration as to the identity of the inventor
<input type="checkbox"/>	Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent
<input type="checkbox"/>	Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application
<input type="checkbox"/>	Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)
<input type="checkbox"/>	Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

Box No. IX CHECK LIST; LANGUAGE OF FILING	
<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p style="margin-left: 20px;">request (including declaration sheets) : 5</p> <p style="margin-left: 20px;">description (excluding sequence listings and/or tables related thereto) : 19</p> <p style="margin-left: 20px;">claims : 4</p> <p style="margin-left: 20px;">abstract : 1</p> <p style="margin-left: 20px;">drawings : 4</p> <p style="margin-left: 20px;">Sub-total number of sheets : 33</p> <p style="margin-left: 20px;">Sequence listing : </p> <p style="margin-left: 20px;">Tables related thereto : </p> <p style="margin-left: 20px;"><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p style="margin-left: 20px;">Total number of sheets : 33</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p style="margin-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="margin-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p style="margin-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="margin-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p style="margin-left: 20px;">Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are</p> <p style="margin-left: 40px;"><input type="checkbox"/> sequence listing:</p> <p style="margin-left: 40px;"><input type="checkbox"/> tables related thereto:</p> <p style="margin-left: 20px;"><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international applications is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> fee calculation sheet : 1 2. <input type="checkbox"/> original separate power of attorney : 3. <input type="checkbox"/> original general power of attorney : 4. <input type="checkbox"/> copy of general power of attorney; reference number if any : 5. <input type="checkbox"/> statement explaining lack of signature : 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s) : 7. <input type="checkbox"/> translation of international application into (language) : 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : 9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers) <li style="margin-left: 20px;">(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (not as part of the international application) : <li style="margin-left: 20px;">(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of the international search under Rule 13ter : <li style="margin-left: 20px;">(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column : 10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers) <li style="margin-left: 20px;">(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : <li style="margin-left: 20px;">(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : <li style="margin-left: 20px;">(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : 11. <input checked="" type="checkbox"/> other (specify) <i>GB Form 23/77 (priority doc)</i> : 1
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE <i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such a capacity is not obvious from reading the request)</i>	
<div style="text-align: center; font-size: 1.5em; font-family: cursive;">Jonathan Mark Davies</div> <p>DAVIES, Jonathan Mark Authorised Representative</p>	

<p>1. Date of actual receipt of the purported international application: _____</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: _____</p> <p>4. Date of timely receipt of the required Corrections under PCT Article 11(2): _____</p> <p>5. International Searching Authority (if two or more are competent): ISA / _____</p>	<p style="text-align: center;">For Receiving Office use only</p> <p>2. Drawings:</p> <p style="margin-left: 20px;"><input type="checkbox"/> received:</p> <p style="margin-left: 20px;"><input type="checkbox"/> not received:</p> <p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>
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Date of receipt of the record copy By the International Bureau:	For international bureau use only
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